

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

ImmPact Individual User Agreement
Non-Vaccine Providing Facility

Maine's Immunization Information System (ImmPact) is a statewide database of immunization histories. ImmPact is used to facilitate an organization's ability to (1) remind patients of needed immunizations; (2) standardize vaccine inventory management; (3) search and update patient records; (4) assess the need for immunizations; and (5) achieve other necessary and appropriate purposes.

In order to participate in ImmPact, the Individual User agrees to:

1. Access only immunizations and health screening information in ImmPact necessary to perform authorized functions.
2. Read and comply with the *ImmPact Confidentiality and Security Policy*, including procedures to safeguard my personal user name and password against unauthorized use.
3. Use ImmPact consistent with this Agreement and the *ImmPact Confidentiality and Security Policy*.
4. Never require a patient to pay a charge or fee for the organization's use of ImmPact or for any information obtained from ImmPact.
5. Access records by using only my personal user name and password.
6. Comply with the *Immunization Information System Rules* (10-144 Code of Maine Rules Chapter 274).
<http://www.maine.gov/sos/cec/rules/10/144/144c274.doc>

-
- Failure to abide by this *Agreement* may result in the immediate suspension or termination of the individual's access to ImmPact and may result in other enforcement action.
 - This *Agreement* must be manually signed by both the individual requesting access to ImmPact and authorizing manager or designee.
 - By manually signing below, I agree to comply with the above conditions.

First Name: _____ Middle Initial: _____ Last Name: _____

Name of Organization: _____

VFC Pin (if applicable): _____

Physical Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

This individual user has the following role –based authority:

- Limited Entry (School Users): Views, enters and edits data as applicable regarding patient information, immunizations, reports, inventory, blood test results (if approved facility); cold chain; find/view student immunizations, manage list
- Reports Only: Views patient information, immunizations, blood lead test results (if approved facility); Reports

SOM (State of Maine) Internal Access Use

If you are employed by the State of Maine, please select your group below

- MIP Operations: Internal MIP-Educators
- Blood/Lead: Childhood Lead Prevention Program
- System Manager: ImmPact-Helpdesk
- SOM: Other State of Maine Programs (WIC-PRAMS-OMS, Etc.)

Signature of Individual User: _____ Date: _____

Printed name of User: _____

Signature of Manager or Designee _____ Date: _____

Printed name of Manager or Designee _____

Please fax this page to The Maine Immunization Program at 207-287-8127

MIP use only: Date Received: _____ Initials: _____